

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13763

State File No.

BIRTH NO. <u>28327</u>		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>59</u>	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u> <u>0350</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dunklin Co. Memorial Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Rt. 2</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby</u>			b. (Middle) <u>Payne</u>		c. (Last) <u>Payne</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>May 7 - 1953</u>							
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>X</u>		8. DATE OF BIRTH <u>May 7 - 1953</u>	
9. AGE (In years last birthday) <u>0</u>		10. UNDER 1 YEAR Months <u>0</u>		11. UNDER 1 YEAR Days <u>18</u>		12. UNDER 1 YEAR Hours <u>18</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>X</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (State or foreign country) <u>Kennett Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Tommy C. Payne</u>				13b. MOTHER'S MAIDEN NAME <u>Billy Jean Gibson</u>		14. NAME OF HUSBAND OR WIFE <u>X</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u> <u>X</u>				16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Tommy Payne Kennett Mo. Rt. 2</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature Birth - Two gestation</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Less than 18 hrs.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>774X</u>					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May 7</u> , 19 <u>53</u> , to <u>May 7</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>May 7</u> , 19 <u>53</u> , and that death occurred at <u>10:15 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>George H. Shumaker M.D.</u> (Degree or title)				23b. ADDRESS <u>Kennett Mo.</u>		23c. DATE SIGNED <u>5-8-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-9-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sumach Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kennett Rt. 2 Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-8-1953</u>		REGISTRAR'S SIGNATURE <u>Carl H. Shumaker</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Henry H. Shumaker</u>		ADDRESS <u>Kennett Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 5-12-83

COUNTY FILE NUMBER 553-122

STATEMENT BY LICENSED EMBALMER

not embalmed

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Edgar Lee Howard

Licensed Embalmer No. 4433

P. O. Address Kennett Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

• If this body is not embalmed, fact should be so stated above.